

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031666

STATE FILE NUMBER

FILED VS. OCT 14 1959

Registration District No. 20 Primary Registration District No. 5176 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Camden.			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Camden			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Auglaize.		Length of stay in lb 36 yrs.	c. CITY OR TOWN Richland, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None. Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Rt. # 1.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Otto. Middle - Last Anderson.			4. DATE OF DEATH Month Oct. Day 2, Year 1959			
5. SEX Male	6. COLOR OR RACE White.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/15/1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Camden Co, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles Anderson.		13b. MOTHER'S MAIDEN NAME Jo. Garrison.		14. NAME OF HUSBAND OR WIFE Edna Anderson.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None.	17. INFORMANT Address RT. # 1 Mrs. Edna Anderson. Richland, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION					INTERVAL BETWEEN ONSET AND DEATH Sudden	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY ARTERIOSCLEROSIS						
DUE TO (c) GENERALIZE ARTERIOSCLEROSIS						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE		
21. I attended the deceased from 7-18-59 to 9-23-59 and last saw him alive on 9-23-59 Death occurred at 9:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE D. B. Holly (Degree or title) MD.			22b. ADDRESS Camdenton, Missouri		22c. DATE SIGNED 10/5/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 5/59	23c. NAME OF CEMETERY OR CREMATORY Freedom Cemetery	23d. LOCATION (City, town, or county) (State) Richland Mo Rural			
24. FUNERAL HOME OR ADDRESS Meegs Funeral Home Richland, Mo.	25. DATE RECD. BY LOCAL REG. Oct. 5-1959	26. REGISTRAR'S SIGNATURE Zilpha J. Traw.				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence E. Mas

Licensed Embalmer No. 4896

P. O. Address "aynesville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.